

C44141 (3) NEWHAVEN

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NEWHAVEN URBAN DISTRICT COUNCIL.

A N N U A L   R E P O R T

of the

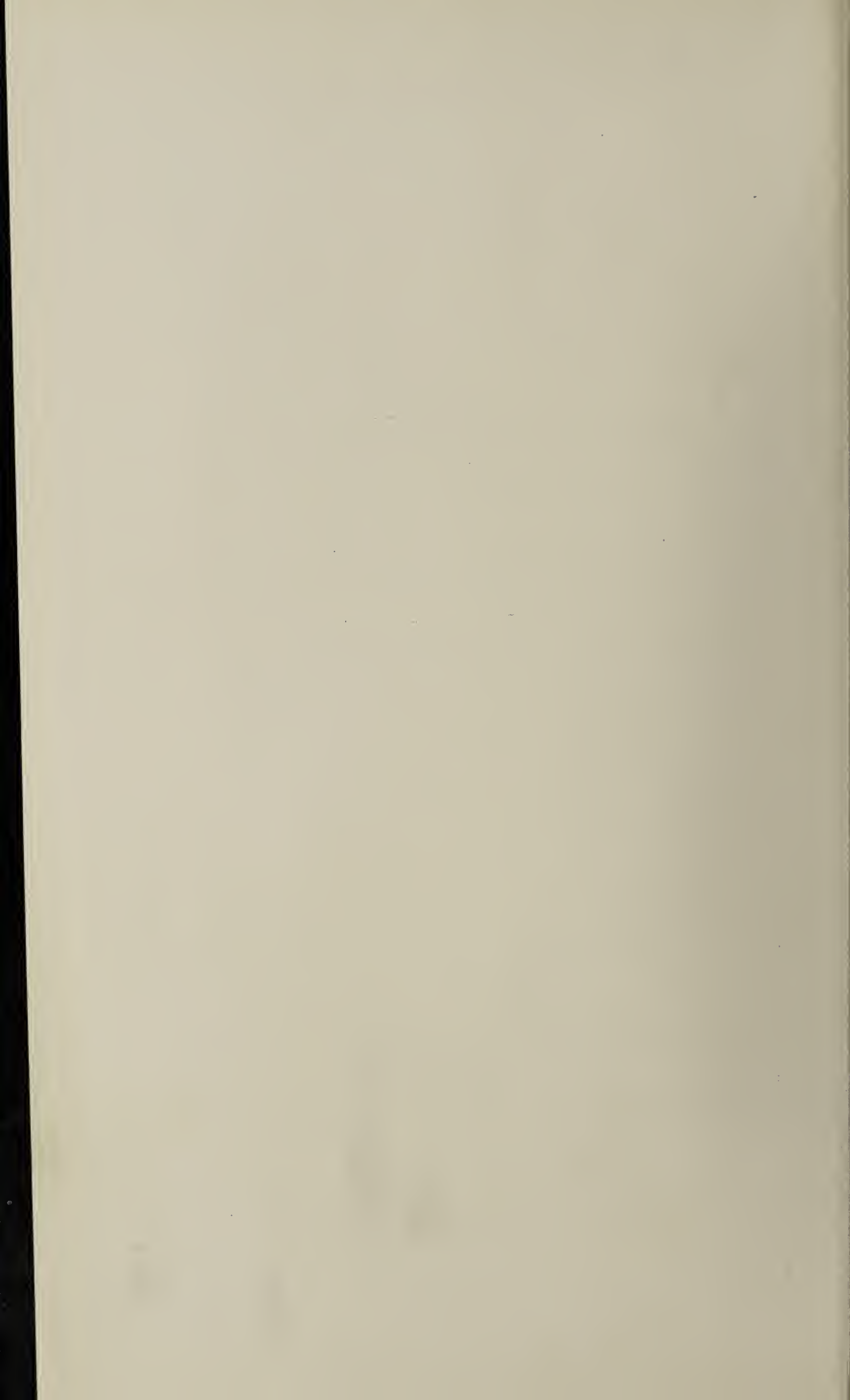
MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st DECEMBER, 1948.

Public Health Department,  
Lewes House,  
Lewes.

September, 1949.



Lewes House,  
Lewes.

September, 1949.

To the Chairman and Members of  
the Health and Housing Committee,  
Newhaven Urban District Council.

Madam and Gentlemen,

I have pleasure in submitting the Annual  
Report of the Medical Officer of Health for the year 1948.

The estimated population for the year under  
review was 7,520 or 730 above the census population for 1931  
which was 6,790.

The birth rate for 1948 was high, 18.48 per  
1,000 population, and this compares favourably with the birth  
rate for England and Wales for the same period, which was 17.90  
per 1,000 population. The death rate in Newhaven for the year  
was a low one of 11.43 per 1,000 population. The average age  
at death was 64.11 years. The infantile mortality rate or the  
deaths of infants under one year of age per 1,000 live births  
was 28.77 as against 34.0 per 1,000 live births for England and  
Wales for 1948. The rate for Newhaven for 1948 was about half  
the rate for 1947 which was 54.0 per 1,000 live births. No women  
died in, or in consequence of, childbirth. There were no deaths  
of notified cases of infectious diseases. Three deaths were  
ascribed to pulmonary tuberculosis and one death to non-pulmonary  
tuberculosis.

Concerning the incidence of infectious diseases  
during the year, this was light. Twenty-five cases were notified  
altogether, consisting of twelve cases of scarlet fever, eight  
cases of measles, four cases of whooping cough and one case of  
erysipelas. There were no cases of diphtheria.

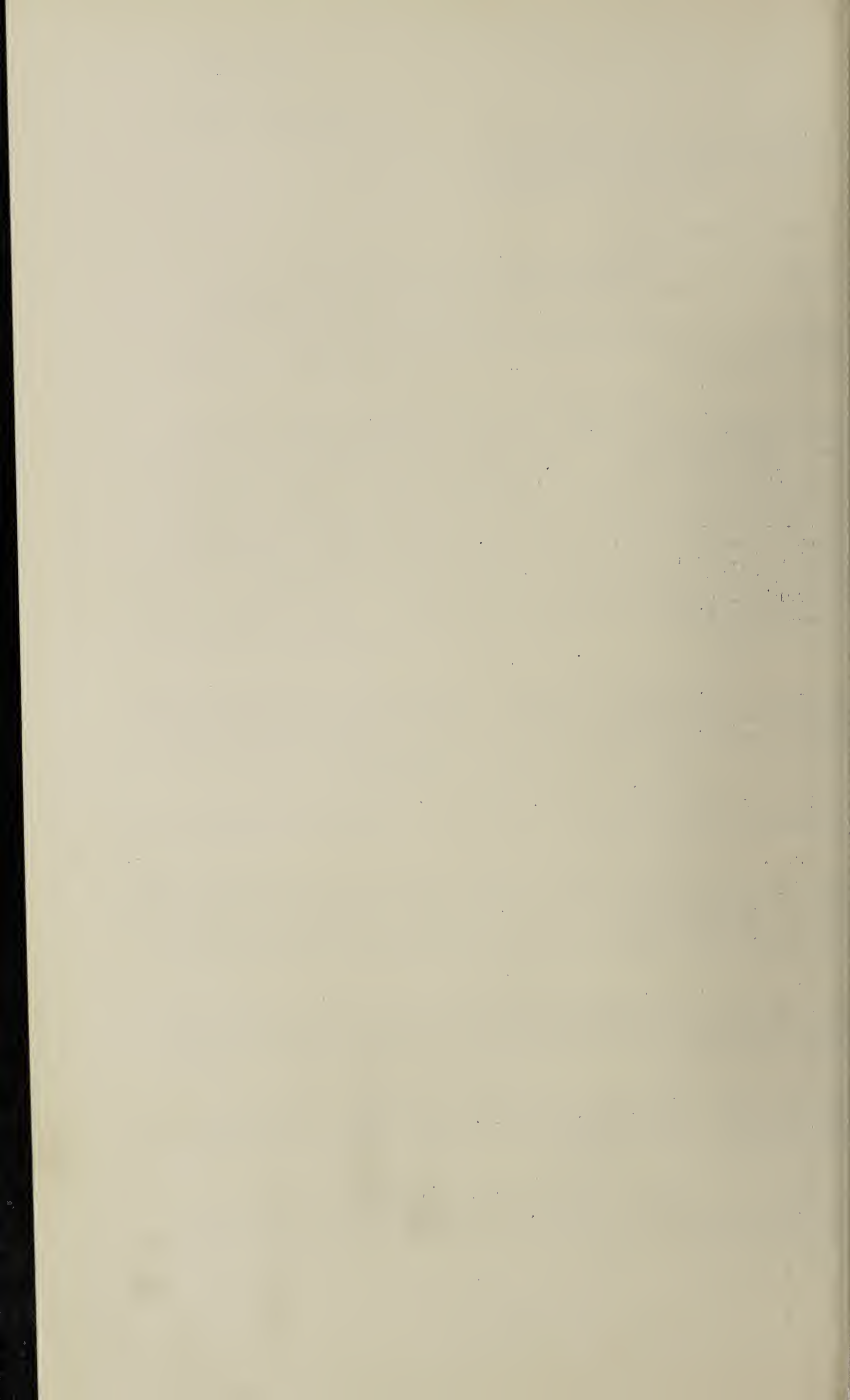
Eight cases of pulmonary tuberculosis were  
notified in 1948, and all of these were of persons who had resided  
in Newhaven for some time.

With regard to the sanitary circumstances in the  
area, one of the chief needs remained that of a new sewerage system.  
This has been long overdue and the matter has been before your  
Council for some years. It is to be hoped that progress will be  
made in the near future as the present system is antiquated and  
defective.

The housing situation was far from satisfactory  
since the number of applicants for new houses far exceeded the  
supply available. The water supply was satisfactory as regards  
quality and quantity.

To give added point to the need for a new  
sewerage system there still exists a large number of cesspools and  
earth closets. These should be abolished as soon as the new  
sewerage system is constructed.

Quite a large amount of unsound food was  
condemned and suitably disposed of during the year. The main  
cause of condemnation was decomposition due to piercing of tins  
or damage during handling.



To sum up, the health of the inhabitants of Newhaven during 1948 was remarkably good. There were no serious outbreaks of infectious diseases. The general death rate was low whilst the birth rate was high, and the average age at death was high. The infantile mortality rate was low. There were no deaths of women in, or in consequence of, childbirth and none of the cases of infectious diseases died.

The chief needs remain as in former years - a new sewerage system and new houses.

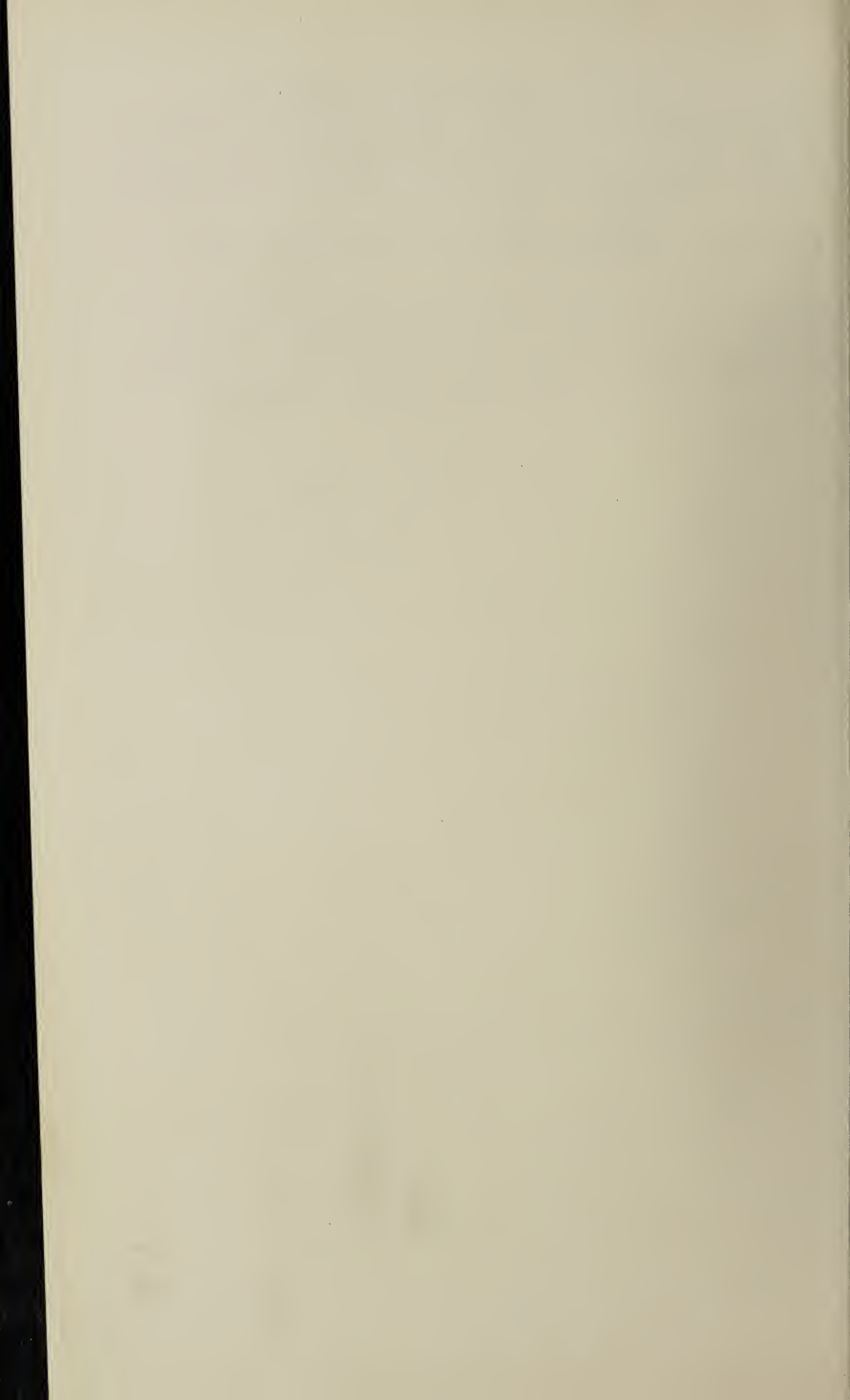
In conclusion, I am grateful for the help and encouragement you gave me during the year. My thanks are due to Mr. Mainwood, the Clerk of your Council, for his ready help, his courtecusness and his sage advice. Mr. Harrison carried out his work with his usual tact, skill and zeal. I am also grateful to all other officials of the Council for their assistance.

Yours obediently,

G.M.D.S.B.LOBBAN.

M.B., Ch.B., D.P.H.,  
F.R.S.I.  
etc.

Medical Officer of Health.





# SECTION I

## STATISTICS FOR THE AREA - 1948.

Area in acres .....	1,766
Population (estimated) .....	7,520
Rateable Value (estimated) .....	£45,583
Sum represented by Penny Rate ...	£ 180
Number of Occupied Houses .....	2,452

### EXTRACTS FROM VITAL STATISTICS

<u>LIVE BIRTHS</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 population</u>
Legitimate.....	70 ..	65 ....	135	
Illegitimate ...	1 ..	3 ....	4	
			<u>139</u>	18.48.

<u>DEATHS</u> .....	55 ..	31 ....	86 .....	11.43.
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Number of women dying in, or in consequence of childbirth .....		Nil	Nil .....	<u>Rate per 1,000 Live and Stillbirths</u> Nil.
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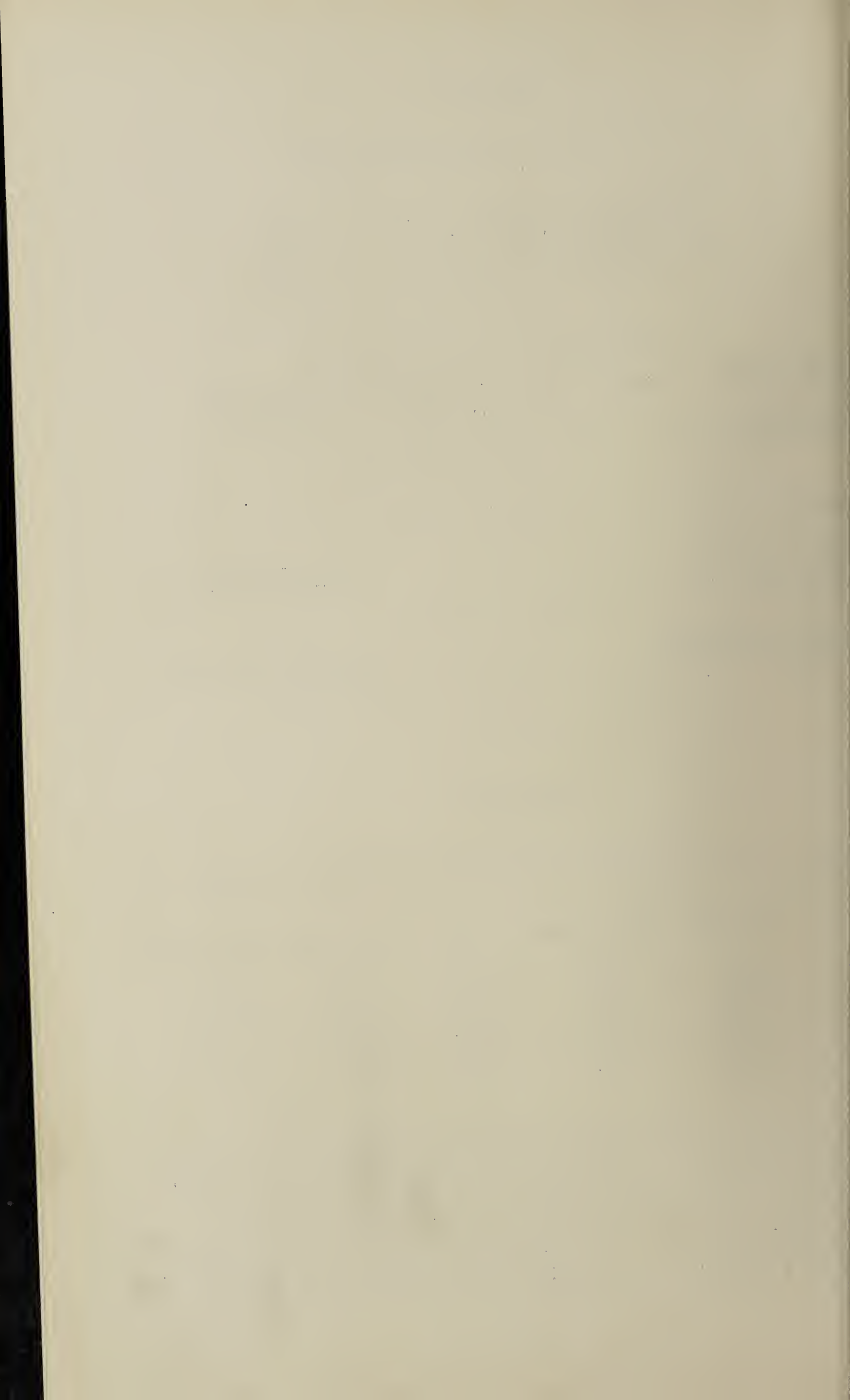
<u>INFANTILE MORTALITY</u> (deaths under 1 year of age) .....	3 ..	1 ....	4 .....	<u>Rate per 1,000 Live Births</u> 28.77.
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### POPULATION

The Registrar-General's estimated population figure for 1948 is 7,520. The population of Newhaven for the past 13 years is given below :-

<u>Year</u>	<u>Population</u>	<u>Vital Index</u>	<u>Year</u>	<u>Population</u>	<u>Vital Index</u>
1936	7,060	108.5	1943	4,939	135.8
1937	6,898	147.2	1944	5,232	166.1
1938	7,062	126.1	1945	5,523	160.2
1939	7,347	122.4	1946	6,388	214.4
1940	6,889	102.9	1947	6,726	190.8
1941	4,993	114.6	1948	7,520	161.7
1942	5,129	142.6			

The estimated population figure for 1948 (7,520) is the highest in the history of the town, and shows an increase of 730 over the total of 6,790 disclosed on the occasion of the 1931 census. No census has been taken since 1931, in latter years the war and post war difficulties have made this practically impossible. Mid-year estimated population figures are calculated by the Registrar General from figures supplied to him by National Registration Officers. The figures so obtained are the nearest approach to complete accuracy that can be made without taking a census.





The vital index, which is used to assess the measure of a population's condition, is arrived at by dividing the annual number of births by the annual number of deaths and multiplying the figure thus arrived at by a hundred. It will be appreciated that if the vital index is below 100, then the annual number of deaths will have exceeded the annual number of births. In such a case the population is in a biologically unsound condition and would become extinct in the course of time if the trend continued and there were no compensatory factors, such as immigration into the town. Conversely, if the vital index is above 100, the position is biologically sound and the population increases so long as the vital index remains above 100 and no disturbing factors are introduced.

On reference to the table given above, it will be seen that for the whole of the thirteen years covered by the table the vital index has remained above 100 and the general trend of the index is an upward one. Thus, generally speaking, the population not only shows a natural increase each year but, on the whole, the proportion of this increase to the total population is becoming larger as time passes.

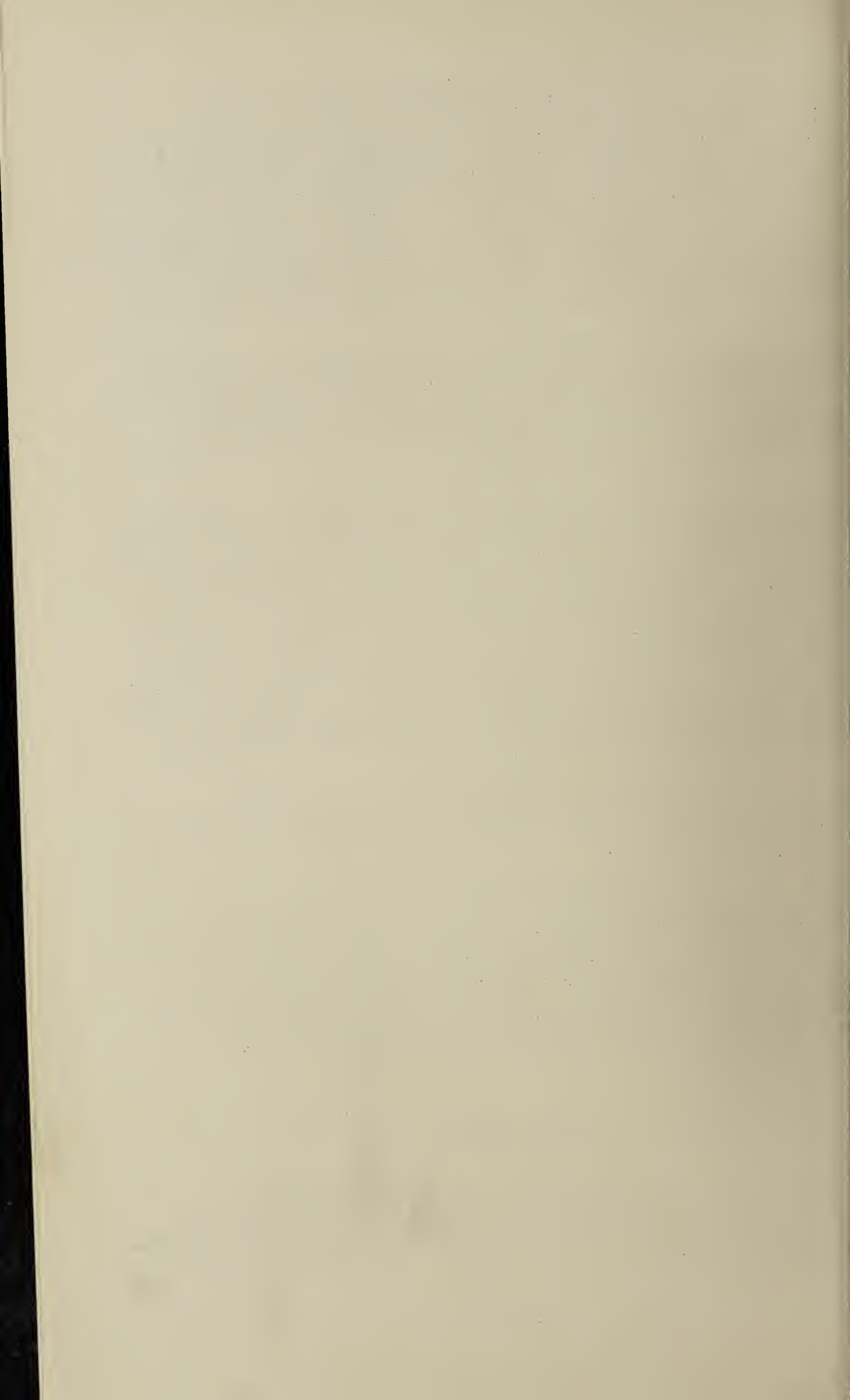
While, in considering the growth of population, natural increase is a most important factor, another factor exists which is almost equally important and is probably of more interest to the governing body of an area owing to the fact that it is capable of control. This is immigration into or emigration from the area. The effect of an excess of emigrants over immigrants can be seen in the records of Newhaven's population trends during the war years, when the population dropped from 7,347 in 1939 to 4,993 in 1941 in spite of the fact that the vital index remained above a hundred. This, of course, was caused by the fact that the town was a probable point for invasion, but even in more normal times similar reductions in population sometimes occur in an area for widely varying reasons, and any local authority which is desirous of retaining its status takes great care to counteract any consistent tendency to emigrate.

Newhaven, however, has no worries in this direction as since the end of the war there has been a return of old residents and the entry of quite a considerable number of new residents into the town.

For at least twenty-five years past the annual number of births in the town has exceeded the annual number of deaths. This means, naturally, that the younger element in the town is increasing, and, unless the Port and such light industries as may be developed can provide sufficient employment for these young persons, then an emigratory trend will develop as families find it necessary to leave the town in order to obtain employment. Careful consideration should therefore continue to be given to the possibility of developing new industries in the town.

#### BIRTH RATE

The birth rate for the year under review was 18.48 per 1,000 population. Although below the abnormally high figure recorded in 1947, this is still more than the birth rate for England and Wales for the same period, which was 17.90 per 1,000 population.



## DEATH RATE

The death rate for the year under review was 11.43 per 1,000 population. The death rate for England and Wales for the same period was 10.8 per 1,000 population. The annual death rates for Newhaven for 1945 to 1947 were 13.21, 10.80 and 14.25 respectively.

It will be noticed that the birth rate of 18.48 per 1,000 population is considerably in excess of the death rate for the year of 11.43 per 1,000 population.

### CAUSES OF DEATH

	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
Heart Disease .....	28	15	43
Cancer .....	7	4	11
Intra-Cranial Vascular Lesions.	6	5	11
Uraemia .....	3	1	4
Pneumonia .....	3	-	3
Tuberculosis of the Respiratory System .....	2	-	2
Other forms of Tuberculosis ...	1	-	1
Diabetes Mellitus .....	-	1	1
Suicide .....	-	1	1
Other violent causes .....	1	-	1
Premature Birth .....	1	-	1
All other causes .....	3	4	7
	<u>55</u>	<u>31</u>	<u>86</u>

The chief causes of death were heart disease, cancer and intra-cranial vascular lesions. These diseases are mostly associated with old age.

The highest age at death was ... 94 years.  
The lowest age at death was .... 1 day.  
The average age at death was ... 64.11 years.

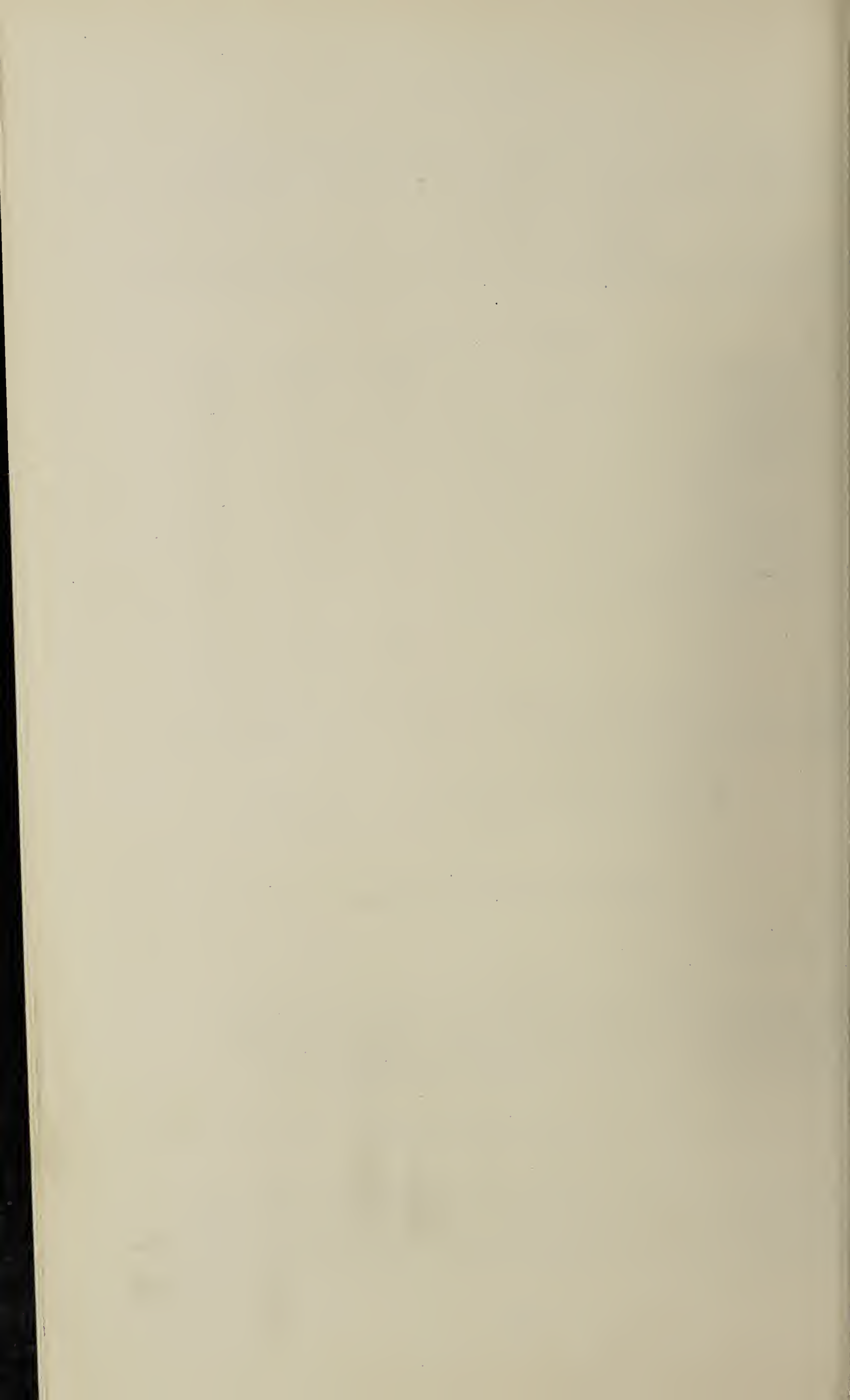
### SPECIFIC CAUSES OF DEATH.

#### Heart Disease.

Fifty per cent of the total deaths in the district were caused by heart disease, which, as in previous years, remained the main cause of death. The next highest percentages were of deaths due to cancer and intra-cranial vascular lesions. These two maladies in each case were responsible for 12.79 per cent of the total deaths.

Almost invariably these causes of death head the list, with heart disease as the chief killer.

Although deaths from heart disease have shewn an increase during the past twenty years, this is mainly due to the fact that improved methods in the treatment of many diseases which in the past were frequently fatal has considerably reduced the number of deaths arising from these maladies and persons whose lives have thus been saved have, in course of time,





died from other causes, notably heart disease. In other words, year by year the advances of medical science provide mankind with increased protection against disease, but, nevertheless, everyone must eventually die from one cause or another, and the heart, although a most efficient piece of mechanism, is not so durable as other organs of the body.

### Cancer.

Cancer is a disease of adult life and the great majority of cases occur in the second half of life. Most cancer deaths take place about the age of fifty-five in women and in men about sixty-five. As the average age of the population has risen and there are now more older people than before, the number of cases of cancer has increased. This is, of course, a variation of the theme stressed in the previous paragraph - as medical science increases the chances of recovery from illnesses which were previously very often fatal, the percentage of deaths due to the diseases still unconquered must inevitably rise.

Cancer is curable if detected in time and removed early.

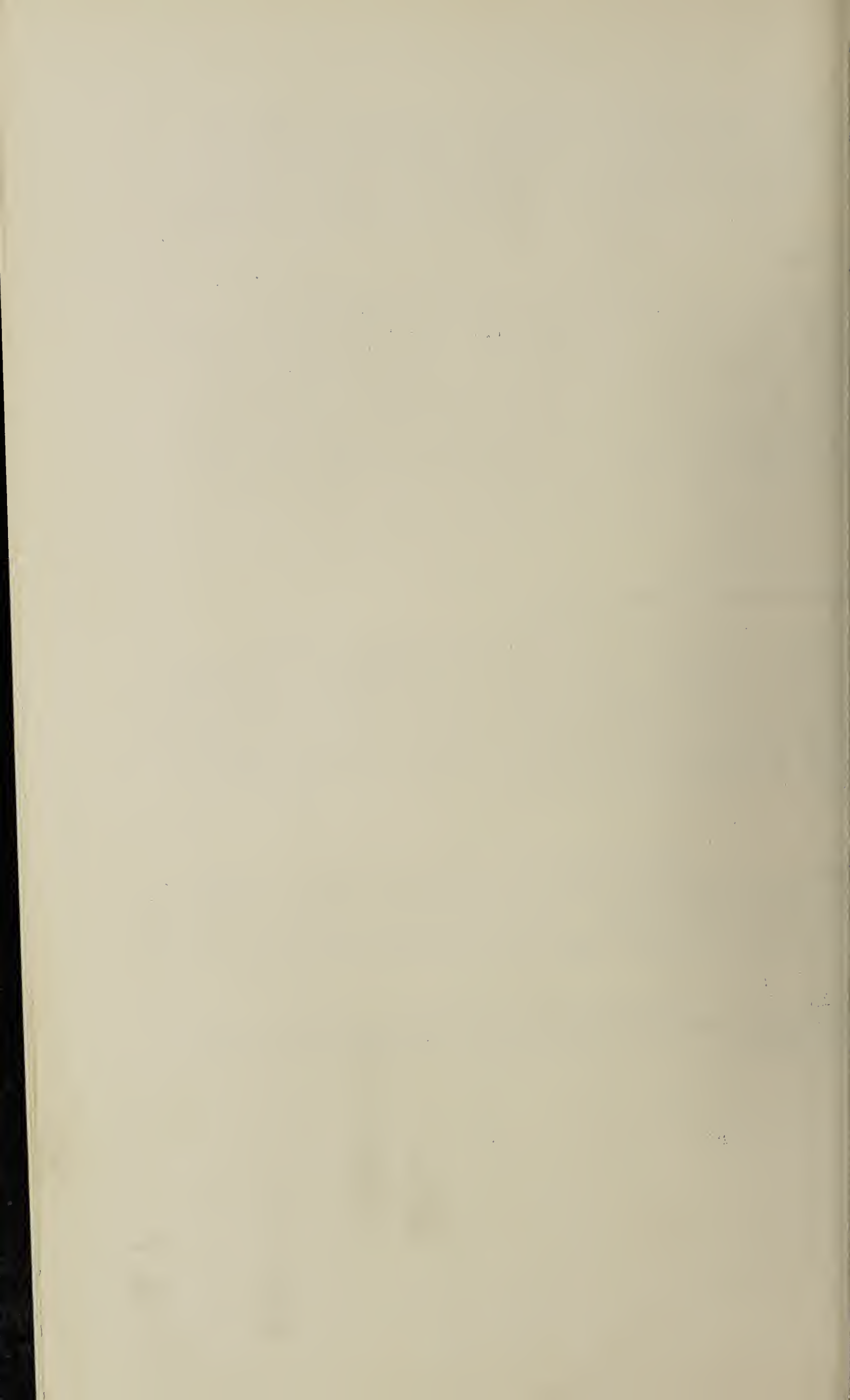
### Intra-Cranial Vascular Lesions.

Intra-cranial vascular lesions include cerebral haemorrhage (apoplexy), cerebral embolism, thrombosis and other lesions. In this district most deaths due to these causes take place amongst elderly people, usually at about the age of 75 years. With advancing age the cerebral blood vessels degenerate and are more liable to become blocked and to burst. The haemorrhage so produced or the actual starving of the brain tissue by blockage of the arteries disrupts and destroys the tissue and thus terminates life.

While the great majority of deaths occurred amongst elderly people, the few deaths which occurred amongst the infant population have had the effect of considerably lowering the average age of death. In spite of this reduction, the average age of death of 64.11 years is higher than that throughout the country as a whole, which is approximately 62 years.

There were two deaths from pulmonary tuberculosis during the year and one death from non-pulmonary tuberculosis.





# VITAL STATISTICS.

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1948. Provisional figures based on Quarterly Returns.

	England and Wales	126 C.B.'s & Great Towns Including London	148 Smaller Towns (Resident Pop. 25,000 - 50,000 at 1931 census)	London Administrative County	NEWHAVEN 1948 (Population - 7,520)
Rates per 1,000 Civilian Population.					
<u>Births:</u> Live	17.9(a)	20.0	19.2	20.1	18.48
Still	0.42(a)	0.52	0.43	0.39	0.53
<u>Deaths:</u> All Causes	10.8(a)	11.6	10.7	11.6	11.43
Typhoid & Paratyph.	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.02	0.02	0.02	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.01	0.00
Tuberculosis	0.51	0.59	0.46	0.63	0.53
Influenza	0.03	0.03	0.04	0.02	0.00
Smallpox	-	-	-	-	0.00
Acute Poliomyelitis & Polioencephalitis	0.01	0.01	0.01	0.00	0.00
Pneumonia	0.41	0.38	0.36	0.54	0.26
<u>Notifications:</u>					
Typhoid Fever	0.01	0.00	0.01	0.00	0.00
Paratyphoid Fever	0.01	0.01	0.01	0.01	0.00
Cerebro-spinal Fever	0.03	0.03	0.02	0.03	0.00
Scarlet Fever	1.73	1.90	1.82	1.37	1.59
Whooping Cough	3.42	3.51	3.91	3.13	0.53
Diphtheria	0.08	0.10	0.09	0.10	0.00
Erysipelas	0.21	0.23	0.21	0.22	0.13
Smallpox	-	-	-	-	0.00
Measles	9.34	9.75	8.84	9.17	1.06
Pneumonia	0.73	0.64	0.60	0.57	0.00
Acute Poliomyelitis	0.04	0.05	0.04	0.04	0.00
" Polioencephalitis	0.00	0.00	0.00	0.00	0.00
<u>Deaths:</u>	Rates per 1,000 Live Births				
All Causes under 1 year of age ..	34(b)	39	32	31	28.77
Enteritis & Diarrhoea under 2 yrs of age	3.3	4.5	2.1	2.4	0.00
Rates per 1,000 Total (Live & Still) Births					
<u>Notifications:</u>					
Puerperal Fever & Pyrexia	6.89	8.90	4.71	7.34 (c)	0.00

## Maternal Mortality in England & Wales

	Rates per 1,000 Total (Live & Still) Births	Rates per million women aged 15 - 44.	NEWHAVEN per 1,000 (live & still births)
140 Abortion with Sepsis	0.11	9	Nil.
141 " without Sepsis	0.05	4	
147 Puerperal Infections	0.13		
142-146, 148-150 Other Maternal Causes	0.73		Nil.

(a) Rates per 1,000 total population (b) Per 1,000 related births (c) In London Puerperal Fever alone was 0.61.



## SECTION II

### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

#### 1. Public Health Facilities of the Local Authority.

During the period under review the Medical Officer of Health for Newhaven also acted as Medical Officer of Health for the Borough of Lewes, the Urban District of Seaford and the Rural District of Chailey.

One Sanitary Inspector carries out duties in the District.

#### 2. Laboratory Facilities.

Laboratory facilities were provided during 1948 by the Royal Sussex County Hospital, Brighton.

#### 3. Ambulance.

Until the 5th July, 1948, the town ambulance service consisted of a motor ambulance provided by the Newhaven and District Nursing Association for the removal of non-infectious diseases and accident cases.

On the 5th July the appropriate provisions of the National Health Service Act, 1946, came into force and the provision of an ambulance service became the responsibility of the County Council. The County Council made arrangements for the ambulance to be housed, serviced, and maintained by a local commercial garage and for the vehicle to be driven by members of the garage staff. Members of the St. John Ambulance Brigade act as attendants. The area served by the ambulance includes the districts of Newhaven, Peacehaven, Telscombe, Piddlinghoe, Tarring Neville and South Highton. In the event of a further call or calls being received before the ambulance has returned from a previous call, arrangements are in being for the call to be dealt with by other authorities in the area. From the 5th July, 1948, onwards, the Infectious Diseases ambulance stations serving the area have been at the Hove and Hurstpierpoint Isolation Hospitals. Under the provisions of the ambulance scheme, general purposes ambulances are, if necessary, to be used for the conveyance of infectious disease cases, and provision is made for the subsequent disinfection of any vehicle so used.

#### 4. Hospitals

Under the provisions of the National Health Service Act, 1946, the Ministry of Health has assumed responsibility for the provision of hospital accommodation. The accommodation available in the area remains materially the same as previously.

#### 5. Nursing in the Home.

As empowered by the provisions of Section 25 of the National Health Service Act, 1946, the East Sussex County Council has arranged with the Newhaven and District Nursing Association to continue to provide nursing facilities in the homes of cases where this is necessary.







6. Clinics.

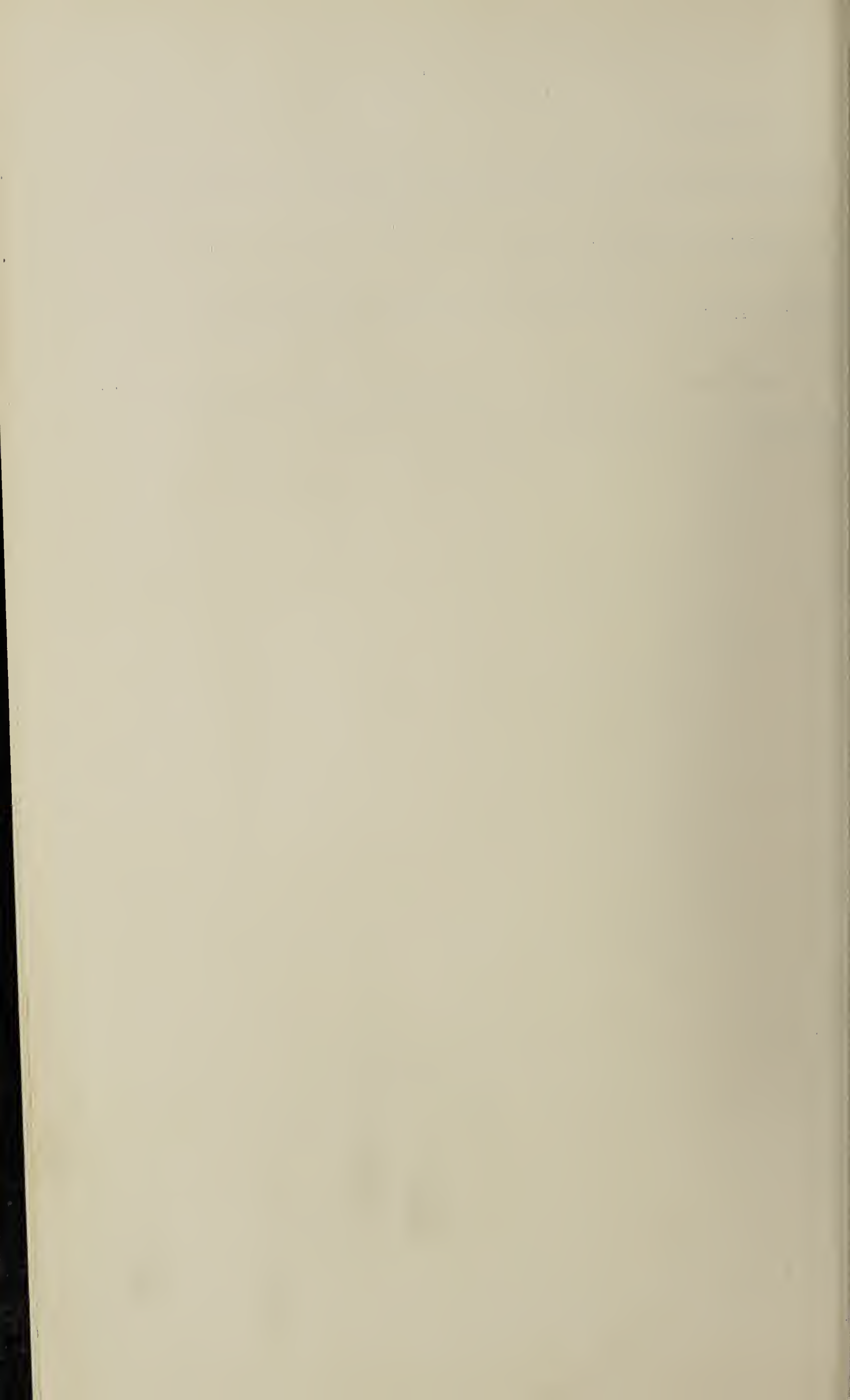
The School Clinic and the Dental and Eye Clinics have been held at the Schools as previously and immunisation clinics have also been held monthly in the town.

7. Poor Law Medical Aid Relief.

Arrangements are made by the East Sussex County Council for the provision of medical assistance for those in poor circumstances.

8. Institutional Provision for the Care of Mental Defectives.

The East Sussex County Council deal with the Lunacy and Mental Deficiency services.



### SECTION III.

#### SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA.

##### 1. Water Supply.

The district has three sources of water supply :-

1. from the Newhaven and Seaford Water Company which obtains water from a well sunk into the chalk at Poverty Bottom, and
2. from the British Railways' well at Denton, and
3. from the Peacehaven Water Company's well at the north of Saltdean.

All of these water supplies have been analysed regularly and quarterly reports show them to be of good quality. There is also a sufficient supply. All the supplies are constant, and all dwellings are served with service pipes direct to the houses. There is no lead contamination.

##### 2. Closet Accommodation.

All the premises in the district are provided with closets connected with the sewer with the following exceptions :-

###### Premises with cesspools

West Pier .....	2
Court Farm Cottages .....	3
Harbour Heights Estate .....	46
Added Area .....	255
Lewes Road .....	5

###### Premises with earth closets

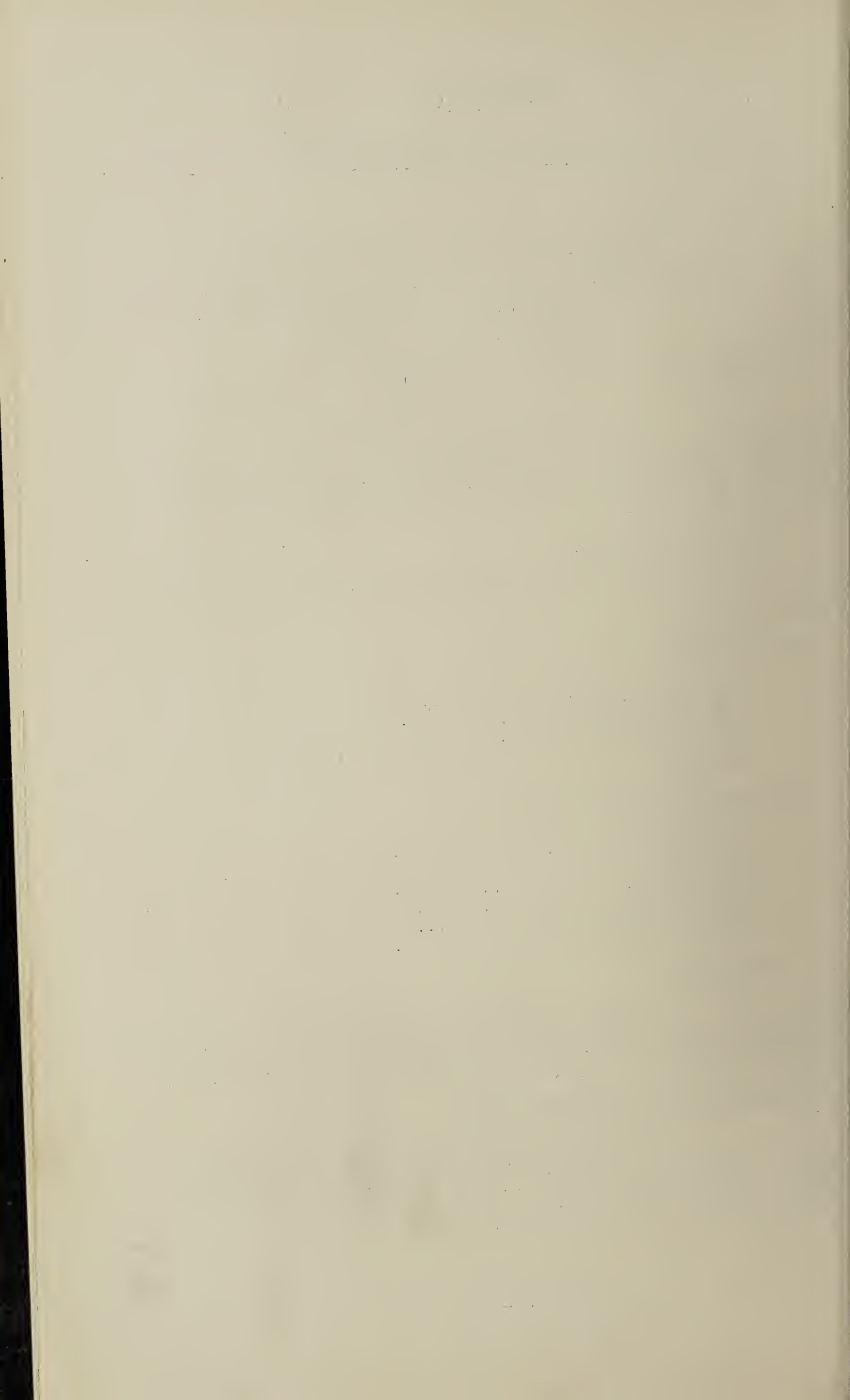
Meeching Court Farm .....	5
Golf House .....	1
New Road .....	17
Fort Glacis .....	1
Bungalow, Church Hill .....	1
Denton Village .....	30

##### 3. Scavenging.

A weekly collection of refuse was made from all premises in the area which were within 50 yards of a reasonably accessible road. House refuse was disposed of by the Bradford Tipping System, buried daily, and has proved to be satisfactory.

##### 4. Inspections and Notices Served.

The Sanitary Inspector reports that during the year, 1948, he has made 1506 visits in connection with his work. In respect of these visits, 82 Informal Notices and 4 Formal Notices were served. In the period, 75 Informal and 7 Formal Notices were complied with.



The following is a list of the number and nature of inspections carried out during the year by your Sanitary Inspector :-

#### HOUSING

Inspections under the Public Health Acts .....	127
Visits under the Public Health Acts .....	151
Inspections under the Housing Acts .....	18
Visits under the Public Health & Housing Acts ...	89
Inspections in connection with overcrowding .....	4
Inspections of verminous premises .....	12
Miscellaneous housing visits .....	34

#### INFECTIOUS DISEASES.

Enquiries .....	13
Disinfections .....	18
Miscellaneous visits .....	14

#### GENERAL SANITATION.

Water Supply .....	6
Drainage .....	113
Stables and piggeries .....	40
Fried Fish shops .....	30
Factories and workshops .....	63
Bakehouses .....	31
Public conveniences .....	41
Refuse collection .....	56
Refuse disposal .....	21
Rats and Mice .....	92
Shops .....	20
Ditches and ponds .....	9
Knackers yards .....	38
Tents, vans and camping sites .....	29
Miscellaneous visits .....	136

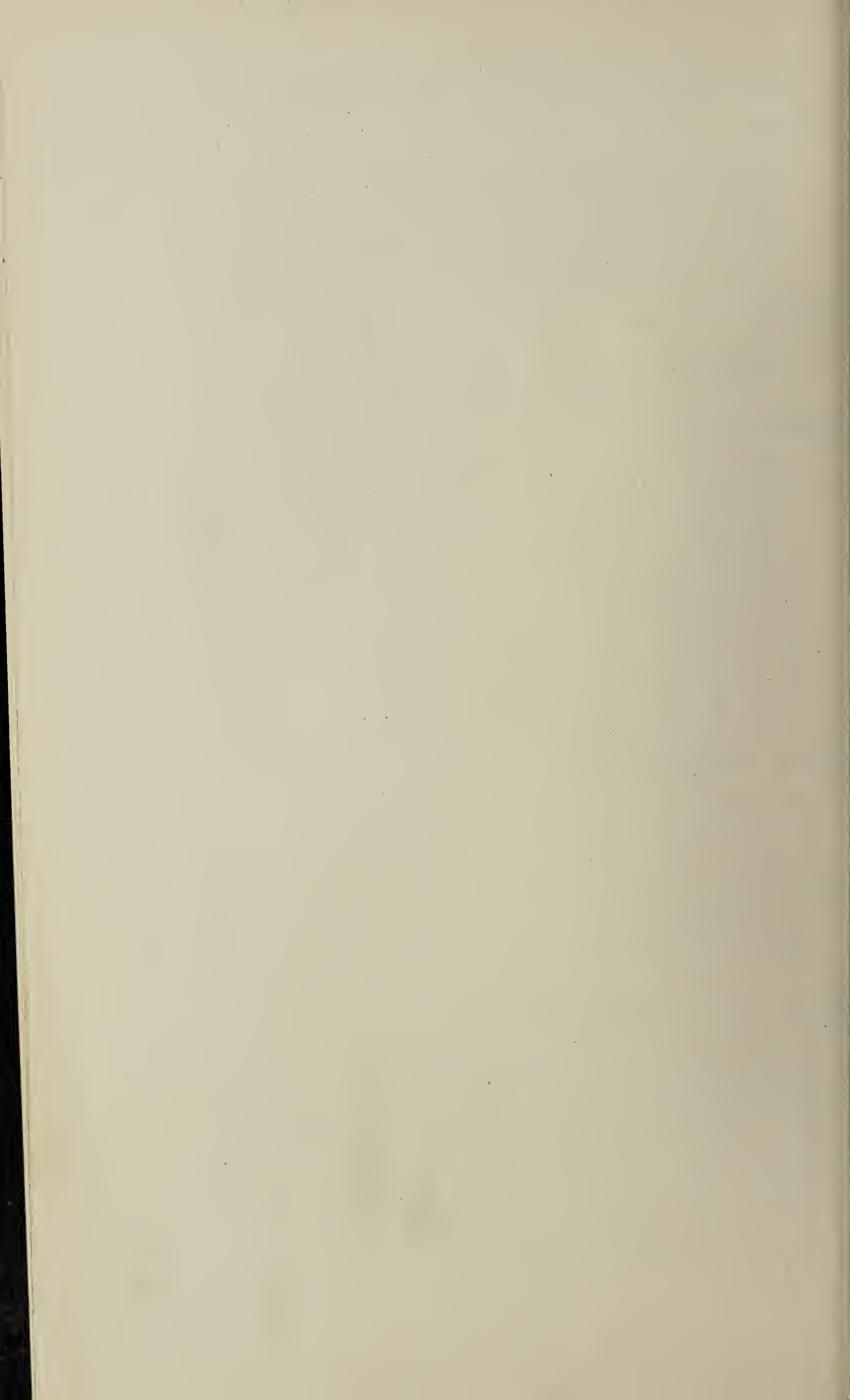
#### MEAT AND FOOD INSPECTION.

Slaughter houses .....	4
Butchers .....	56
Grocers .....	42
Cowsheds .....	23
Dairies .....	39
Ice-cream premises .....	39
Restaurants .....	39
Street vendors .....	32
Milk sampling .....	1
Water samples .....	4

#### SUMMARY OF WORK AFTER SERVICE OF NOTICE.

Roofs repaired .....	31
Eavesgutters or Fallpipes repaired .....	10
Dustbins renewed .....	10
Pointing or rendering of external walls .....	18
Cesspools emptied .....	2
Water closets or cisterns repaired or renewed ...	18
Drains relaid, improved or cleared .....	10
Dampness remedied .....	15
Chimney stacks rebuilt .....	5
Kitchen sinks renewed .....	8
Water supply improved .....	2
Means of ventilation improved .....	6
Windows and sashes repaired .....	18





## SUMMARY OF WORK AFTER SERVICE OF NOTICE (contd.)

Cooking stoves repaired or renewed .....	11
Washboilers repaired or renewed .....	7
Firegrates or flues repaired .....	8
Floors (wood or solid) repaired or relaid .....	19
Doors repaired or renewed .....	10
Wallplaster repaired .....	29
Ceilings renewed .....	18
Decoration of premises .....	17
Accumulations of refuse removed .....	3

### 5. Inspection of Shops and Offices.

All shops and offices were regularly inspected, and with the exception of minor items, were found to be satisfactory.

### 6. Eradication of Bed Bugs.

1. Number of houses infested ..... Council houses .. Nil.  
Other houses .... 3.
2. Method employed to disinfest ... Fumigation with  
Cinex Blocks.  
... Spraying with Insecticide.
3. All furniture and effects were successfully disinfested.
4. All occupiers were instructed as to the best means of eradication.

### 7. Premises Controlled by Bye-laws and Regulations.

The following premises and occupations can be controlled by Bye-laws and Regulations :-

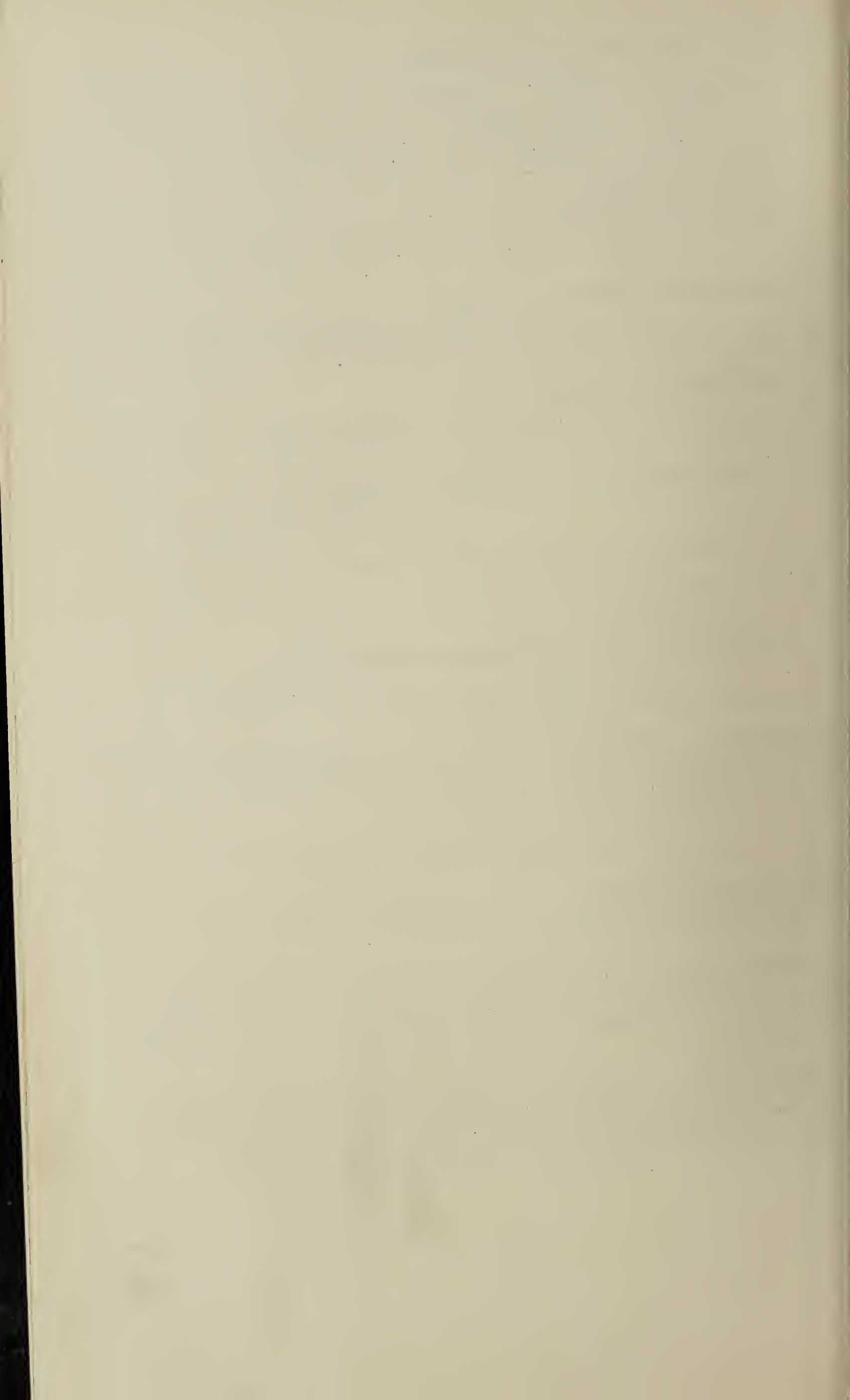
(a) Dairies. There are two dairy farms in the district. The conditions generally were found satisfactory during the inspections. The Sanitary Inspector made 23 inspections during the year in respect of cowsheds, and 39 dairy inspections.

There are five registered retailers and two wholesale traders in the district for the sale of milk.

(b) Slaughter of Animals. Under Government Central Slaughtering this is carried out at Brighton for the district. All pigs slaughtered for local pig clubs were examined.

(c) Milk Supply. The premises from which milk is supplied to the district retail received special attention. Samples were taken from one producer and were found to be satisfactory. Samples were taken each fortnight by another authority, and no complaints were received.

(d) Other Foods. All premises where food is prepared for sale were inspected regularly and their condition proved to be satisfactory, except for some minor details which were made good after verbal instructions had been given. There were four bakehouses in the district all of which were above ground.



## 8. Unsound Food.

The following foodstuffs were found to be unsound: they were condemned and suitably disposed of :-

Corned Beef .....	49 $\frac{1}{2}$	lbs
Meat (tinned, various) .....	65 $\frac{1}{4}$	"
Bacon and Ham .....	56	"
Fish (wet) .....	172 $\frac{1}{2}$	"
" (smoked or cured) .....	292	"
" (tinned) .....	40 $\frac{1}{4}$	"
Fishcakes .....	12 $\frac{1}{4}$	"
Fruit (fresh) .....	110	"
" (tinned) .....	429 $\frac{1}{4}$	"
" Juice .....	4 $\frac{1}{4}$	"
Vegetables (fresh) .....	150 $\frac{3}{4}$	"
" (tinned) .....	107 $\frac{1}{4}$	"
Milk (evaporated) .....	87 $\frac{1}{2}$	"
" (condensed) .....	11	"
Jam .....	43 $\frac{1}{4}$	"
Flour and cereals .....	78 $\frac{1}{2}$	"
Cocoa and Chocolate .....	60	"
Miscellaneous .....	93 $\frac{3}{4}$	"

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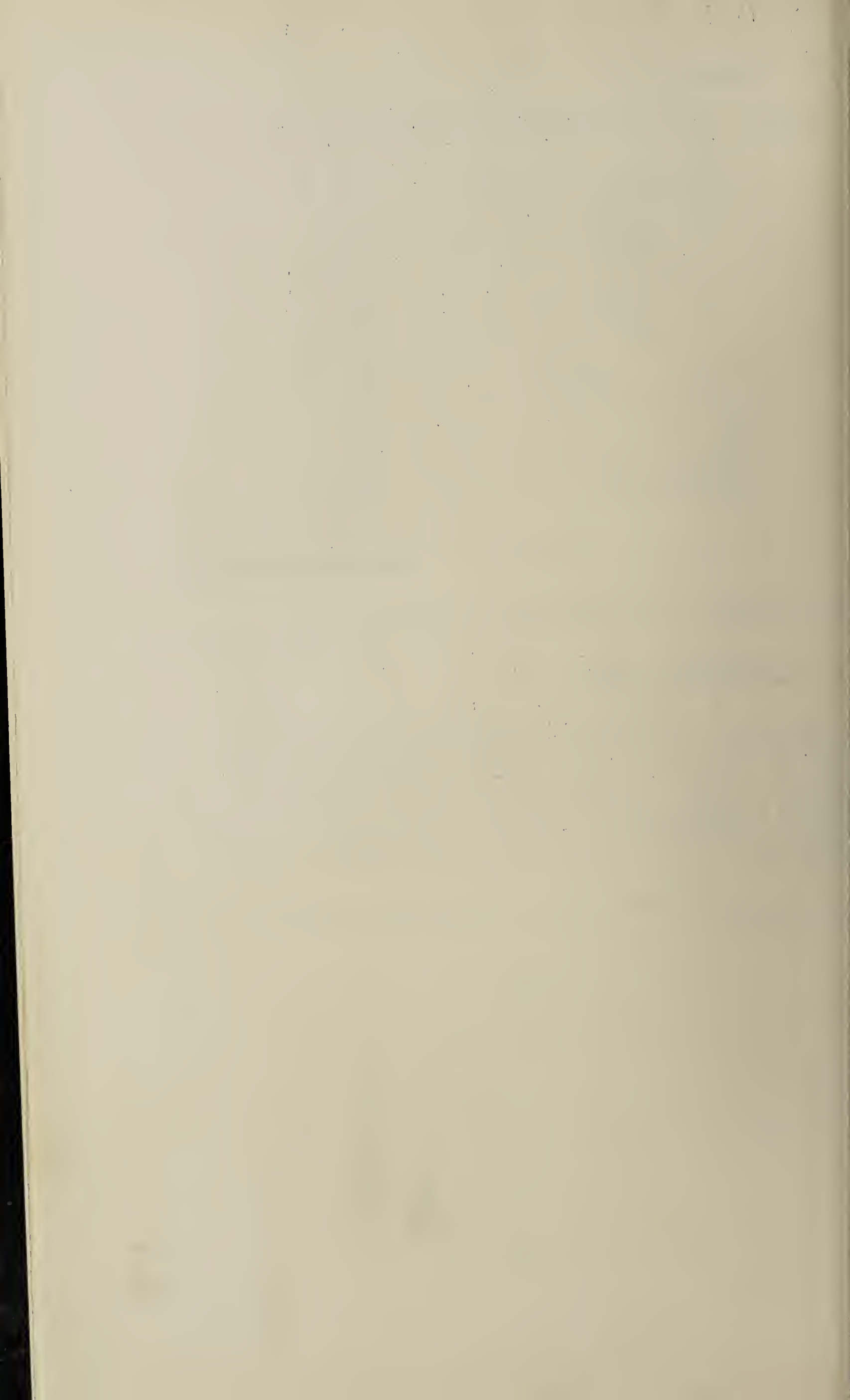
Total ..... 16 cwt..2 gr..15 $\frac{3}{4}$  lbs.

The main cause of condemnation was decomposition due to the piercing of tins or damage in handling.

## 9. Factories Act, 1937.

In the Urban District of Newhaven there are 7 factories on the register in which Sections 1, 2, 3, 4, 6 and 7 of the above Act are enforced, and 32 factories in which Section 7 only is enforced. During 1948, 63 inspections were carried out, and as a result, 5 defects were the subject of written notices. These related to insufficient or defective sanitary conveniences and to want of cleanliness. These defects were remedied and reported to H.M. Inspector of Factories.

There are now no Outworkers registered in the District.





## SECTION IV.

### PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

#### Infectious Diseases.

In all, 25 cases of infectious diseases were notified in Newhaven in 1948. The details are as follows :-

Incidence of Notifiable Infectious Diseases (excluding Tuberculosis) during the year 1948.			
Disease	Cases Notified	Cases ad- mitted to Hospital	Deaths
Erysipelas	1	-	-
Measles	8	-	-
Scarlet Fever	12	5	-
Whooping Cough	4	-	-
TOTAL	25	5	-

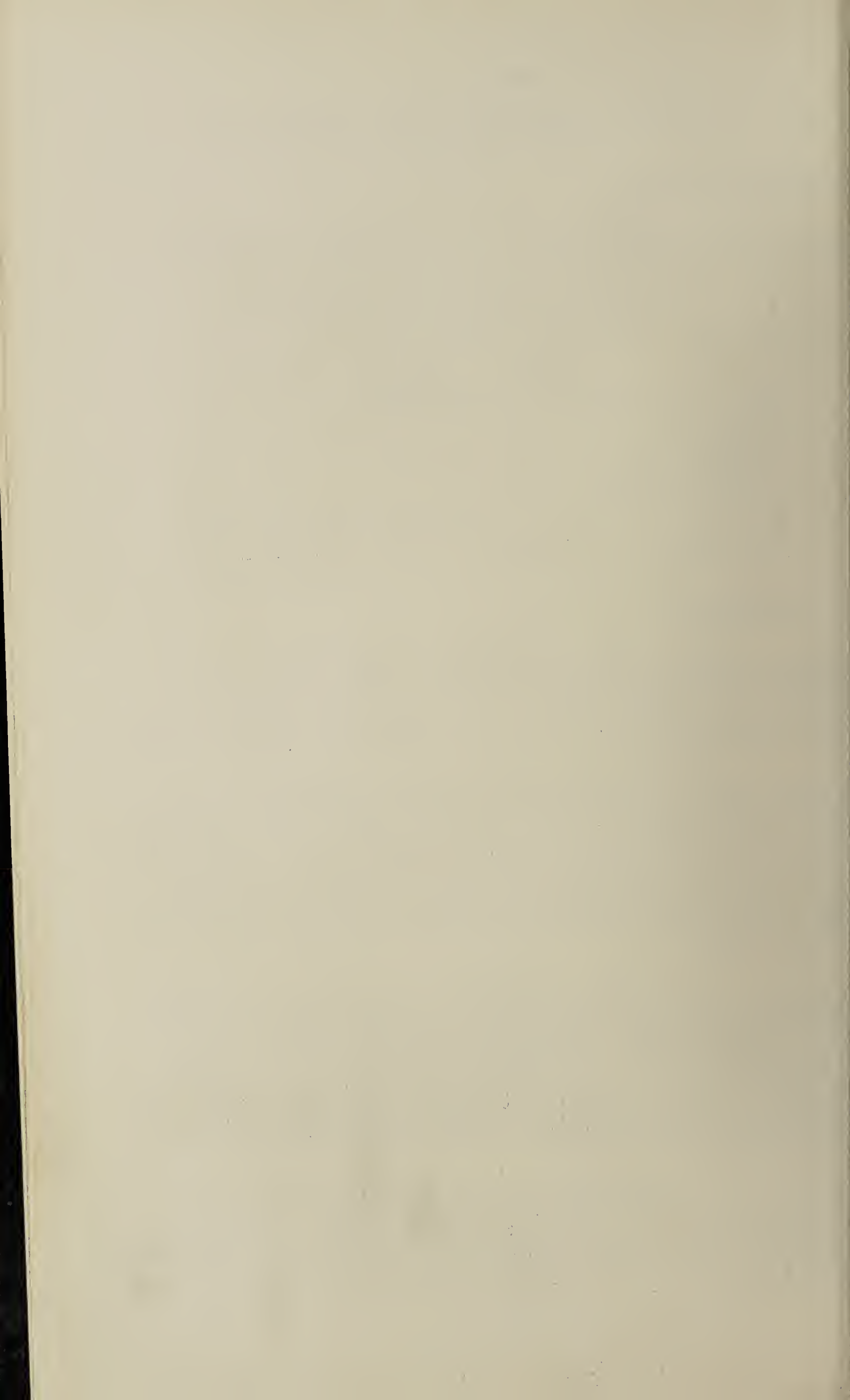
#### 1. DIPHTHERIA.

No case of diphtheria was notified in Newhaven during the year under review and the only case which occurred in the previous year was one of an adult who was not immunised against the disease. It appears that the disease is practically eliminated in the town, a result which is undoubtedly due to immunisation.

During the five-year period 1944 to 1948 the average number of cases notified annually fell to 0.4 - one case in each of the years 1945 and 1947 and no cases in the remaining three years. Neither of the two cases recorded in the five-year period mentioned had been immunised. These figures are all the more impressive when studied in conjunction with those relating to the year 1931, when immunisation was not extensively carried out. In that year, eighteen cases were notified in the district - nine times as many as for the whole of the five-year period mentioned above.

Although the results of diphtheria immunisation in Newhaven which have been obtained so far are very good, it is nevertheless essential that every effort should continue to be made to maintain such a satisfactory state of affairs. No feeling of complacency must allow the efforts made in the past to slacken off and all possible steps must be taken to ensure that the child population is afforded adequate protection against diphtheria. These efforts are particularly necessary in view of the fact that diphtheria infection may be brought into the town by travellers using the port.

Immunisation usually takes place just after a child's first birthday, but there is no reason why it should not be carried out at the age of eight or nine months. Although the best time to carry out immunisation is in infancy it can nevertheless be effected later in life. Obviously, the sooner this is done, the better.



## DIPHTHERIA (contd.)

Arrangements are in being for the giving of boosting doses to children, who have already been immunised. This will re-inforce the protection already given against diphtheria.

### 2. ERYSIPELAS.

One case of erysipelas was notified during the year. This disease is an acute infection of the skin in which the causal organism breaks directly from the individual affected or indirectly from outside sources. The face and legs are the commonest sites of infection. Susceptibility is most marked in infants and in the aged. Before the advent of the new sulphonamide drugs the disease sometimes ran a serious course, especially in the aged, but with the advent of these new drugs this has been obviated in nearly every case. The single case notified made a comparatively rapid and uneventful recovery.

### 3. MEASLES.

Eight cases of measles occurred in 1948. The malady is one of the most easily transmitted of the communicable diseases and occurs most commonly in children between five and fourteen years of age. Permanent acquired immunity is usual after the first attack. The cases notified were mild and all made good recovery. No cases were sent to hospital.

### 4. SCARLET FEVER.

Twelve cases of scarlet fever were notified in the district during the year under review, five of which were sent to hospital. All cases were of the mild variety and made uneventful recoveries.

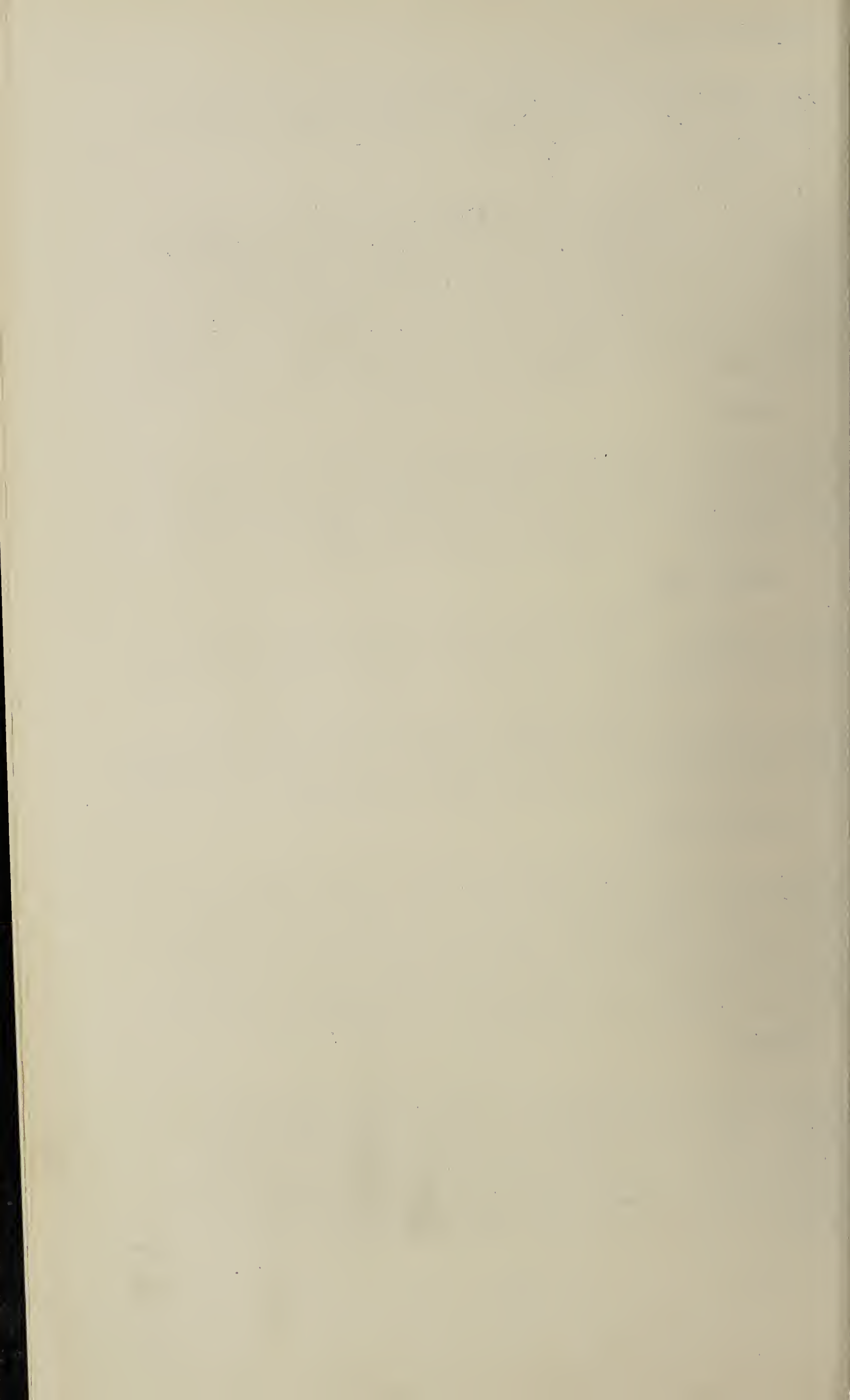
Although during the last twenty years the disease has become progressively milder, the reason for this is not clearly understood. It is possible that the present mildness may be only temporary, as the mild type which prevailed in former years has been succeeded by more severe infections.

### 5. WHOOPIING COUGH.

Only four cases of whooping cough were notified during the year under review and no case was transferred to hospital. The main incidence of the disease is amongst children, the largest number of cases occurring in the fourth year of age. Respiratory complications may occur in the young and require prompt treatment when they arise, some cases having to be transferred to hospital. One attack usually confers immunity, although second attacks are not unknown. Immunisation against the disease has so far proved of doubtful value.

### 6. GENERAL.

An inspection of the public health records for the past few decades reveals a very great reduction in the mortality rates of the infectious diseases prevalent in this country. Not only is this the case but, generally speaking, the virulence of the various maladies has been greatly reduced. Not only do fewer deaths occur from infectious disease, but in many cases when outbreaks occur the disease is confined to a comparatively mild form and the after effects are no longer serious.



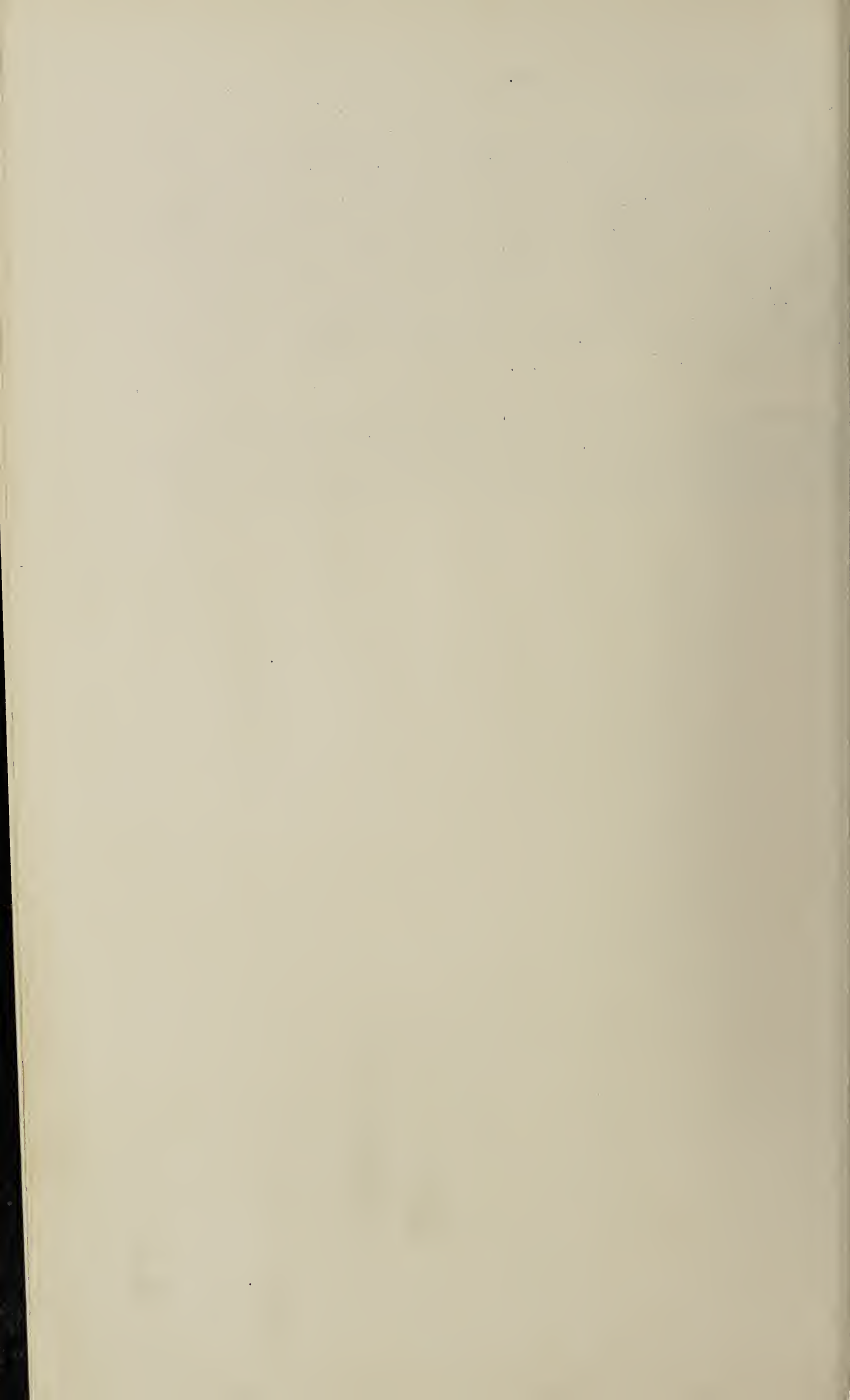


GENERAL (contd.)

Despite the triumph of medical science and of public health administration so far as comparative freedom from infectious disease is concerned, it must ever be borne in mind that the price of safety is eternal vigilance. In the case of scarlet fever, for instance, although the present form of the attack is generally not so severe as in the past, this does not mean that it cannot resume its former deadly nature, and the slightest relaxation of effort would probably lead to such a result. Similarly, immunisation has reduced the incidence of diphtheria by leaps and bounds, but it is still very necessary to take all possible steps to ensure that the whole of the child population is afforded protection against the disease.

Generally speaking, improved standards of sanitation and of personal and general cleanliness have done much to lessen the incidence and virulence of infectious disease, but the public health authorities must continue to use all the weapons in their armoury to maintain and improve the standard of resistance to these maladies.





# SECTION V.

## TUBERCULOSIS.

In 1948 there were eight new cases of pulmonary tuberculosis and four cases of non-pulmonary tuberculosis notified, whilst during the year there were three deaths from pulmonary tuberculosis and one death from non-pulmonary tuberculosis. Details are given in the following table.

1948 NEW CASES AND MORTALITY								
AGE PERIODS	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	1	-	1	-	-	-	-
5	-	-	1	1	-	-	1	-
10	-	-	-	1	-	-	-	-
15	-	-	-	-	-	-	-	-
20	3	2	-	-	1	1	-	-
25	-	-	-	-	-	-	-	-
35	-	1	-	-	-	1	-	-
45	-	-	-	-	-	-	-	-
55	1	-	-	-	-	-	-	-
65 and Upwards	-	-	-	-	-	-	-	-
TOTAL	4	4	1	3	1	2	1	-

Eight new cases of pulmonary tuberculosis were notified during the year as against eight new cases in 1945, four in 1946, and seven in 1947. The records throughout the country give some substance to the belief that there has recently been a general increase of pulmonary tuberculosis, and against this background it would appear that although the position in the area gives no cause for complacency, nevertheless it compares favourably with that throughout the country.

The predisposing causes of this disease are many and include heredity, environment, occupation, nutrition, over-work and worry.

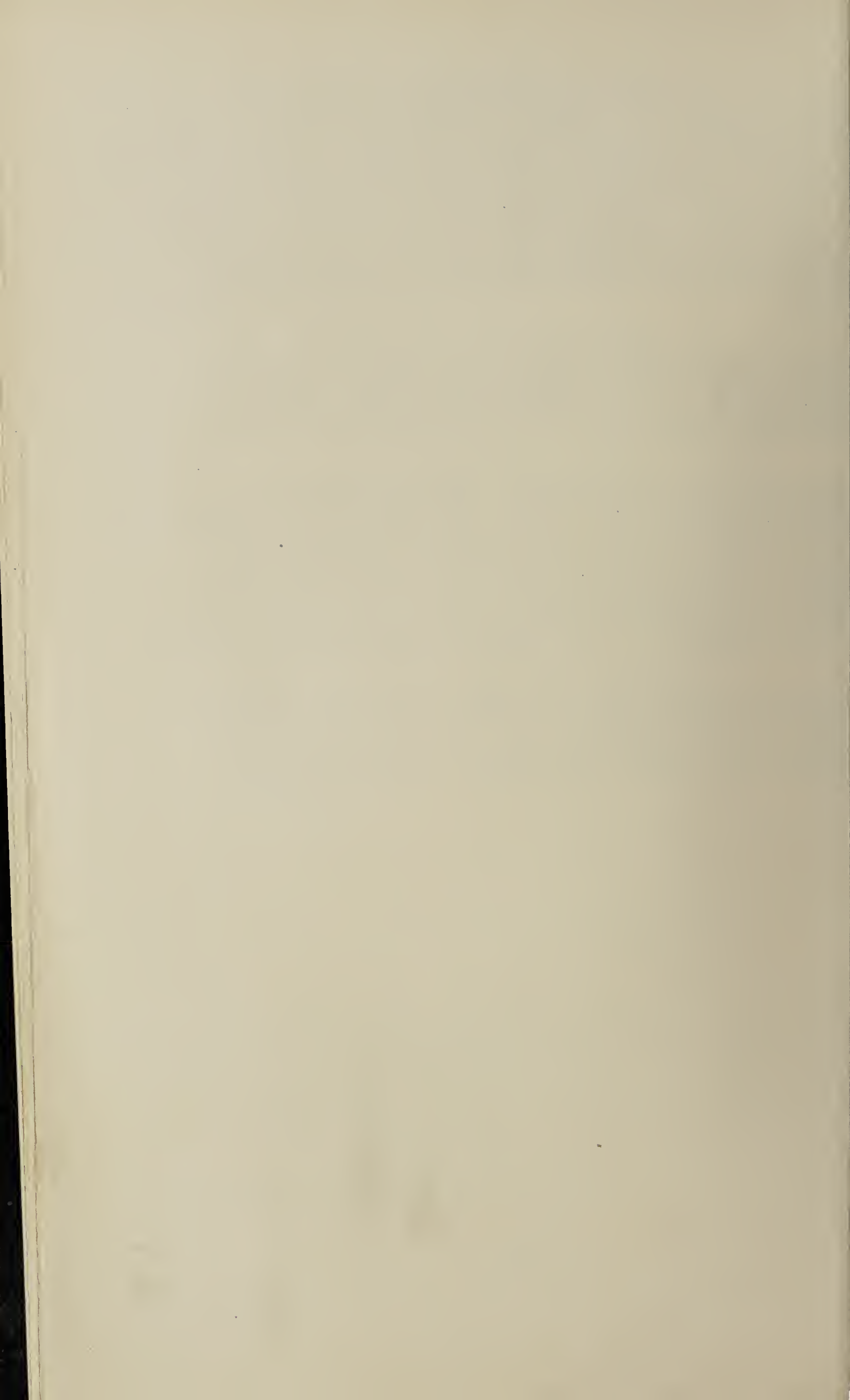


Pulmonary tuberculosis is communicable and if no preventative measures are taken will spread from an infected member of a family to others in the household. At the present time this tendency is accentuated by the unsatisfactory conditions in which many families are housed. Overcrowding, especially in sleeping quarters, very greatly assists the spread of the disease and only too often the melancholy tale of infection throughout a whole family is directly attributable to this cause. Bad ventilation together with the careless deposit of infected sputum by spitting are also major contributory causes of the prevalence of the malady, while the inhalation of dusts in various occupations is a predisposing cause.

Certain acute respiratory diseases which occur after influenza, measles and whooping cough pave the way for a spread from a latent focus. Again, terminal tuberculosis is fairly frequent in alcoholism, diabetes and other debilitating diseases such as chronic nephritis and cirrhosis of the liver.

Overwork, worry and insufficient rest are potent predisposing causes. Certain sections of the community are overworked to-day, while many people are worried, either by lack of proper housing accommodation, by financial difficulties, or by the many strictures on everyday life. So far as lack of sufficient rest is concerned, the younger members of the community in many cases do not get sufficient sleep. While this is partly the fault of the young persons themselves, nevertheless the main blame must rest on the parents for not ensuring that their children obtain sufficient sleep.

Whatever the cause of the general increase in pulmonary tuberculosis, it cannot be said that present day conditions tend to reduce its incidence and more than ever before it behoves each and every one of us to do everything in our power to restrict the spread of infection and to militate the effects of the disease in every way possible.





## CLIMATE.

In different sea coast places great variability of climate is found. Some are bracing and some sedative. Again, at some places the climate changes from bracing to mildly sedative when there is increased humidity.

Generally, the most bracing situations in England are in the South, on the East Coast and in a few places on the West Coast. Sedative places are found where the climate has a relatively high humidity with a comparatively heavy rainfall and relatively little sunshine. Such resorts are found in the South-West of England.

A seacoast climate depends on many complex factors. These consist of latitude, relationship to the sea and the nature of the subsoil. On these depend the meteorological conditions such as the temperature and its range, the amount of sunshine, the rainfall and the direction of prevailing winds.

Newhaven is very well placed on the South Coast. Due to its geographical position it is mainly well sheltered but fully reaps the benefits from sea air, and sea sun. The air at the seacoast differs greatly from that found inland. It contains about one-fifth more oxygen and is relatively free from dust, pollen, allergens, carbon monoxide and other products of combustion. It can be said that Newhaven pre-eminently qualifies in these respects. The subsoil is dry and porous, being composed of chalk and flints. The temperature ranges from about 40 degrees Fahrenheit in February to as high as 60 degrees Fahrenheit in July and August. There is usually a good daily range of temperature which, together with plenty of sun and a low relative humidity, make the climate bracing. Newhaven has always been noted for abundant sunshine. In 1947, when many other places in Britain were limited to a daily average amount of sunshine of about 2.5 hours, Newhaven enjoyed about 5.5 hours. Rainfall ranges from 25 to 26 inches per annum and the number of rainy days is few. Prevailing winds are mainly from the South-West. The town is very well sheltered by a range of downs from an east wind which occasionally blows during three months of the year in winter.

